

TACTICAL RESPONSE REPORT/Chicago Police Department

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|---|--|--|---|--|---|---|--|-------------------------------------|--|--------------------------------|
| 1. DATE OF INCIDENT 12-DEC-2015 | | TIME 05:55:00 | | 2. ADDRESS OF OCCURRENCE 5015 W WRIGHTWOOD AVE CHICAGO, IL 60639 | | 3. LOCATION CODE 092 | | 4. BEAT/OCCUR 2521 | | |
| MEMBER INVOLVED | 5. POSITION 9161 | 6. LAST NAME LOPEZ | 7. FIRST NAME EDUARDO | 8. STAR NO. 6711 | 9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 10. RACE CODE S | 11. AGE [REDACTED] | 12. HT. 508 | 13. WT. 180 | |
| | 14. DATE OF APPT 01-SEP-2010 | | 15. EMPLOYEE NO. [REDACTED] | | 16. UNIT & BEAT OF ASSIGNMENT 008 | | 17. DUTY STATUS <input type="checkbox"/> 01 On <input checked="" type="checkbox"/> 02 Off | | 18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | |
| SUBJECT INFORMATION | 20. LAST NAME UNKNOWN | | 21. FIRST NAME [REDACTED] | | 22. M.I. [REDACTED] | 23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F | 24. RACE WWH | 25. D.O.B. [REDACTED] | 26. HT. 508 | 27. WT. 150 |
| | 28. ADDRESS CHICAGO, IL | | 29. TELEPHONE NO. [REDACTED] | | 30. WAS SUBJECT ARMED/OTHER (SPECIFY HANDS/FISTS) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | | 32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No | |
| 33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED] | | 34. BY WHOM? [REDACTED] | | 35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid | | 36. CHARGES PLACED [REDACTED] | | 37. CB NO. [REDACTED] | | IR NO. [REDACTED] |
| REASON FOR USE OF FORCE (Check all that apply) | 38. <input type="checkbox"/> DNA | | SUBJECT'S ACTIONS | | MEMBER'S RESPONSE | | ASSAULT: ASSAULT | | ASSAULT: BATTERY | |
| | SUBJECT'S ACTIONS | | MEMBER'S RESPONSE | | ASSAULT: ASSAULT | | ASSAULT: BATTERY | | ASSAULT: DEADLY FORCE | |
| WEAPON DISCHARGE INCIDENT | 39. <input type="checkbox"/> DNA | | 40. ADDITIONAL INFORMATION | | 41. WEAPON TYPE <input checked="" type="checkbox"/> 01 SEMI-AUTO PISTOL <input type="checkbox"/> 02 REVOLVER <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 OTHER (Specify) | | 42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors | | 43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial | |
| | 44. WEATHER CONDITIONS FOG/SMOKE/HAZE | | 45. MAKE/MANUFACTURER GLOCK, INC.-AU- | | 46. MODEL 42 | | 47. BARREL LENGTH 3.25 | | 48. CALIBER/GAUGE 380 ACP | |
| CASE INFO. | 49. TASER DART ID NO. AATP998 | | 50. WEAPON SERIAL NO. (Include Letters) AATP998 | | 51. CHICAGO GUN REG. NO. R0368835 | | 52. IL FIREARM OWNER ID. NO. 14480483 | | 53. HANDGUN CERTIFICATE NO. 257494 | |
| | 54. SPECIAL WEAPON CERTIFICATE NO. | | 55. PROPERTY INVENTORY NO. | | 56. TYPE OF AMMUNITION USED Department Issued | | 57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1 | | 58. TOTAL NO. OF SHOTS MEMBER FIRED 3 | |
| SIGNATURES | 59. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) | | 60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED 0 | | 62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input checked="" type="checkbox"/> 03 OTHER (Specify) NOT HOLSTERED | | 63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | |
| | 64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD 0 | | 65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO | | 66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) NONE | | 67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input checked="" type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 06 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT. | | 68. POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) | |
| 72. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC | | NOTIFICATIONS (FIREARM INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input checked="" type="checkbox"/> CPIC <input checked="" type="checkbox"/> DET. DIV. | | Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report. | | 73. REPORTING MEMBER (Print Name) LOPEZ, EDUARDO | | STAR/EMPLOYEE NO. 6711 | | SIGNATURE [REDACTED] |
| 74. REVIEWING SUPERVISOR (Print Name) YOUNG, ARTHUR M | | STAR NO. 1289 | | SIGNATURE [REDACTED] | | DATE REVIEWED 12-DEC-2015 14:11:47 | | TIME 12-DEC-2015 14:11:47 | | |

100 # 1078413

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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts available at this time, it is the preliminary finding that Officer Eduardo Lopez acted in compliance with department policy.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1078413 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

PENA, MARIA C

SIGNATURE

DATE COMPLETED

TIME

12-DEC-2015 14:46:00

79. TOTAL TRR's THIS EVENT No.

1

LOG # 1078413

Signature: 7